

Application for Initial Certification Medevac Escort Instructor

Section of Community Health and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
Gender (Optional): Male Female	Work Phone:
Occupation:	E-mail Address:
EMS Affiliation/s:	
Ethnic Origin (Optional): White Black Hispanic American Indian Alaska Native Asian or Pacific Islander Other: _____	

- 1. Provide a copy of a card, certificate, or license evidencing at least one of the following valid credentials:**
 - EMT-II or EMT-III issued by the Department of Health and Social Services;
 - Authorization to practice in the state as a Mobile Intensive Care Paramedic (MICP); or
 - Authorization to practice in the state as a physician, physician assistant or registered nurse.
- 2. Provide evidence of completion of Medevac Escort Provider level training. This may be the Alaska class or may be an equivalent course from another state.**

<i>Medevac Escort Training</i>			
Subject	Date	Instructor	Hours
Initial training as a Medevac Escort			
Most recent refresher training as a Medevac Escort			

3. Provide evidence of experience as a Medevac Escort.

<i>Medevac Experience Verification</i>	
Agency for which individual serves/served as a Medevac Escort:	Dates of Medevac Escort experience
As a recognized representative of the agency listed above, I attest that the individual named above is working/has worked for the agency listed above.	
<div style="border-top: 1px dashed black; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>Printed Name and Title</div><div></div></div></div>	
<div style="border-top: 1px dashed black; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>Signature</div><div>Date</div></div></div>	

4. Provide evidence of Instructor Training

Medevac Escorts should have an instructor credential issued by an agency that provides adult education. Examples of instructor credentials can include: BLS Instructor, ACLS Instructor, ATLS Instructor, BTLS Instructor, PHTLS Instructor, EMT-I, II, or III Instructor, MICP Course Coordinator, PALS Instructor, PEPP Instructor, GEMS Instructor, Neonatal Resuscitation Instructor etc.

Training	Dates	Location	Contact Person (name and phone number)
Methods-of-Instruction Training:			
Other (list):			

5. Provide verification of completion of the Medevac Escort Instructor Orientation, including at least 2 hours of teaching medevac content.

<i>Instructor Orientation Verification</i>	
As a certified Medevac Escort Instructor, I attest that the individual named above has completed the department approved Medevac Escort Instructor Orientation:	
<div style="border-top: 1px dashed black; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>Printed Name and Title</div><div>Dates of Instructor Orientation</div></div></div>	
<div style="border-top: 1px dashed black; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>Signature</div><div>Date</div></div></div>	

CRIMINAL HISTORY QUESTIONS

Must be completed by all applicants

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a violation of federal or state law, <u>excluding minor traffic violations</u> , within the last fifteen years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs? |

If you marked "YES" in response to either of the preceding two questions, please refer to the "Instructions for Affidavits" below.

INSTRUCTIONS FOR AFFIDAVITS

PLEASE READ THIS SECTION COMPLETELY:

1. **All individuals who responded "YES" to either of the two questions** above on this application must submit a signed affidavit with this application for certification. The affidavit must include:
 - case name and number
 - the specific date of the conviction;
 - the official name of the crime(s);
 - the sentencing or treatment requirements imposed;
 - the status of sentencing or treatment required; and
 - any other information you believe is germane to your application for EMT certification.

The affidavit must be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

The Section of Community Health and EMS reserves the right to require the submission of relevant court documents prior to determining whether a certificate should be issued.

2. **In addition, applicants who responded "YES"** to the question regarding convictions for violating a federal or state law must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.

Failure to disclose convictions may be considered "fraud or deceit in obtaining a certificate" and is, in itself, grounds for the suspension, revocation, or refusal to issue a certificate.

RELEASE OF INFORMATION AND VERIFYING SIGNATURE

I, _____, residing at _____

_____, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my EMS education records and any law enforcement records pertaining directly to this application for certification, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining directly to this application for certification to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Community Health and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Community Health and EMS to discuss my records with persons or organizations which are considered appropriate by the Section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Technician, Defibrillator Technician or EMS Instructor in Alaska., This authorization expires one year form the date of my signature or at the expiration of my certification, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

Signature of Applicant

Date

1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

THIS IS TO CERTIFY that on this _____ day of _____, _____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

My Commission Expires _____

(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

Signature of State Approved
EMS Certifying Officer

Location

APPLICATION CHECKLIST

- ☐ Completed application for certification;
- ☐ Evidence of valid medical credential (EMT-II, EMT-III, MICP, RN, PA, MD, DO);
- ☐ Evidence of completion of Medevac Escort training (provider level);
- ☐ Verification of Medevac Escort experience;
- ☐ Evidence of an instructor credential or formalized training in adult education; and
- ☐ Verification of completion of a Medevac Escort Orientation course.

Important Notes Regarding This Application

The information contained in this application for certification, and in your permanent EMS certification record at the State EMS Office, is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public or EMS Certifying Officer, you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be kept in electronic, paper, and microfilm formats. You have a right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available.

The Department may charge a fee for searching and copying its records in accordance with AS 09.25.110 and 6 AAC 95.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section, in writing, of the perceived error. The address of the EMS Section is:

Section of Community Health & EMS
Department of Health and Social Services
Box 110616
Juneau, AK 99811-0616

For more information about public records in Alaska, the reader is directed to review AS 09.25.110 – 09.25.220 and 6 AAC 95.010 – 6 AAC 95.900.